



## North Carolina Department of Health and Human Services

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Carmen Hooker Odom, Secretary

### Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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L. Allen Dobson, Jr. MD, Assistant Secretary for  
Health Policy and Medical Assistance

February 8, 2006

### MEMORANDUM

TO: Legislative Oversight Committee Members  
Commission for MH/DD/SAS  
Consumer/Family Advisory Committee Chairs  
State Consumer Family Advisory Committee Chairs  
Advocacy Organizations and Groups  
North Carolina Association of County Commissioners  
County Managers  
County Board Chairs  
North Carolina Council of Community Programs  
State Facility Directors  
Area Program Directors  
Area Program Board Chairs  
DHHS Division Directors  
Provider Organizations  
MH/DD/SAS Professional Organizations and Groups  
MH/DD/SAS Stakeholder Organizations and Groups  
Other MH/DD/SAS Stakeholders

FROM: Allen Dobson, MD *LAD mb*  
Mike Moseley *mm*

SUBJECT: Enhanced Services Implementation Update # 3  
Crosswalk from Old Services to New and Children's Services Issues

### Crosswalk

In our initial implementation communication issued January 19, 2006 we promised that DMH/DD/SAS and DMA would publish a crosswalk that mapped old service definitions to new definitions. That crosswalk is attached to this memorandum. If the service(s) a consumer will receive following implementation crosswalks to the services they currently receive and the number of units of the new service will be the same as the old, the treatment plan for the consumer may be adjusted for implementation purposes simply by noting the name of the new service(s) and signing and dating the modified plan. For example, a child with an emotional disturbance is currently authorized to receive 4 hours of case management and twenty hours of CBS each week. The plan will reflect those services will be replaced by 24 hours of Community Support. In future correspondence we will provide additional guidance for those situations where the old service

crosswalks to the new service but the current authorized levels of an old service exceed the authorization guidelines for the new service.

### Children's Services

We apologize for the confusion that has occurred regarding the service exclusion on the new Child and Adolescent Day Treatment service. The Centers for Medicare and Medicaid required an exclusion to prohibit a child in residential treatment from concurrently receiving Day Treatment. Although the Special Medicaid Bulletin and the training held in early January accurately reflected this change, in our haste to post the approved service definitions to the web, we inadvertently missed reflecting the change in the actual service definition. The version that is now posted at <http://www.dhhs.state.nc.us/mhddsas/> corrects that error. We understand this exclusion has a significant impact upon many children, providers and schools. We are working with stakeholder representatives to develop strategies that we hope will ease the transition impacts of this requirement. Additional information will be forthcoming in the next few weeks.

Other questions have been raised regarding whether the exclusion on Day Treatment and the limitation on Community Support apply to children living in Therapeutic Foster homes, otherwise known as HRI-Residential Level I and Level II Family Type. Those exclusions and limitations **do not** apply to Therapeutic Foster care. The rationale for the exclusions and limitations on Level II Program type, Level III and Level IV residential services relate to the responsibilities of those provider agencies for "case management" type activities and treatment for the children they serve. Those responsibilities are not required to the same extent for families providing Therapeutic Foster.

We know that all LME and provider staff and consumers, family members and advocates are working hard to ensure that North Carolina's transition to the new Enhanced Services for mental health, developmental disabilities and substance abuse services occurs as smoothly as possible on March 20, 2006. Both the quantity and the quality of the questions we are receiving are increasing significantly. We hope these weekly updates are helpful. If you have additional questions that are not addressed in these communications, please direct them to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services by e-mailing [contactdmh@ncmail.net](mailto:contactdmh@ncmail.net).

### Attachment

cc: Secretary Carmen Hooker Odom  
Allyn Guffey  
Dan Stewart  
DMH/DD/SAS Executive Leadership Team  
DMH/DD/SAS Staff  
Rob Lamme  
Rich Slipsky  
Wayne Williams  
Kaye Holder  
Coalition 2001 Chair  
Mark Benton  
Dr. William Lawrence  
Tara Larson  
Carol Robertson  
Angela Floyd

New Medicaid Services Crosswalk 1/09/06

NEW SERVICES	CURRENT SERVICES
Ambulatory Detoxification	
Assertive Community Treatment Team – ACTT	ACTT
Community Support – Adults (MH/SA)	Case Management, CBS
Community Support – Children/Adolescents (MH/SA)	Case Management, CBS
Community Support Team – CST (MH/SA)	
Diagnostic Assessment (MH/DD/SA)	
Intensive In-Home Services	
Medically Supervised or ADATC Detoxification/Crisis Stabilization	
Mental Health Day Treatment – Child/Adolescent	Day Treatment – Child
Mobile Crisis Management (MH/DD/SA)	
Multisystemic Therapy – MST	
Non-Hospital Medical Detoxification	
Opioid Treatment	Opioid Treatment
Partial Hospitalization-PH	Partial Hospitalization
Professional Treatment Services in Facility Based Crisis Program	Professional Treatment Services in Facility Based Crisis Program
Psychiatric Residential Treatment Facility – PRTF	Psychiatric Residential Treatment Facility
Psychosocial Rehabilitation – PSR	Psychosocial Rehabilitation
Substance Abuse Comprehensive Outpatient Treatment Program-SACOT	
Substance Abuse Intensive Outpatient Program- SAIOP	Substance Abuse Intensive Outpatient Program
Substance Abuse Medically Monitored Community Residential Treatment	
Substance Abuse Non-Medical Community Residential Treatment-Adult	